

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2016-17
027 - Calgary-West - Ellis, Mike
For Expenses Processed Jan 1 to Mar 31, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$2,051.33	\$5,329.67
MLA Parking Cap - \$	\$900.00	\$46.92	\$280.93
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$455.04	\$2,479.61
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$23,160.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$65.67	\$630.19
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0	338.0	2,717.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0	5.0	28.0
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-90-M ELLIS	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	01/01/17
DATE DE LA FACTURE	
INVOICE NO.	0006708797
NO DE LA FACTURE	

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. I. N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	ELLIS				000448006544 12/19/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	118.5 1.0	.98 12.99	110.48 12.99	5.52 6.17 6.17 6.17 6.17	129.64 129.64
					000448017920 12/13/16	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	108.9	.97	100.48	5.02 5.02 5.02	105.50 105.50
					000447168151 12/08/16	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	90.8	.86	74.29	3.71 3.71 3.71	78.00 78.00
					000446798377 12/04/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	71.1	.93	62.86	3.14 3.14 3.14	66.00 66.00
					000446387512 11/18/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	114.7	.86	93.81	4.69 4.69 4.69	98.50 98.50
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	504.0		454.91	22.73	477.64
	BKDN TOTALS / TOTALS CODIFICATION 01-90				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	504.0		454.91	22.73	
							BKDN TOTALS / TOTALS CODIFICATION					477.64

BLE871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223
QST ID. NO / NO ID TVQ 1001439118

Element Fleet Management



BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-90-M ELLIS - - - - - - - -

CLIENT NO. NO DU CLIENT	
INVOICE DATE	02/01/17
DATE DE LA FACTURE	
INVOICE NO.	0006726634
NO DE LA FACTURE	

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. I. N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	ELLIS				000449249883 01/15/17	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	96.5	1.03	94.52	4.73 4.73	99.25 99.25
					000449405752 01/08/17	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	122.9	1.10	128.58	6.43 6.43	135.01 135.01
					000449392751 12/22/16	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	102.0	1.04	100.95	5.05 5.05	106.00 106.00
					000449421491 11/28/16	SHELL CANADA INC EDMONTON AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	107.2	.78	79.52	3.98 3.98	83.50 83.50
					000449418910 11/24/16	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	101.5	.91	88.33	4.42 4.42	92.75 92.75
					000449399771 11/10/16	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	113.0	.93	100.00	5.00 5.00	105.00 105.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	643.1		591.90	29.61	621.51
	BKDN TOTALS / TOTAUX CODIFICATION 01-90		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	643.1		591.90	29.61	
							BKDN TOTALS / TOTAUX CODIFICATION					621.51

BLE871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223
QST ID. NO / NO ID TVQ 1001439118

Element Fleet Management



BFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-90-M ELLIS	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	03/01/17
DATE DE LA FACTURE	
INVOICE NO.	0006743067
NO DE LA FACTURE	

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V. I. N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	ELLIS				000451470126 02/11/17	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	98.4	1.00	93.57	4.68 4.68	98.25 98.25
					000451101759 02/08/17	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	114.9	.95	103.82	5.19 5.19	109.01 109.01
					000449998075 01/30/17	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	120.4	1.00	114.52	5.73 5.73	120.25 120.25
					000449540810 01/21/17	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	120.5	.98	112.38	5.62 5.62	118.00 118.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	454.2		424.29	21.22	445.51
	BKDN TOTALS / TOTAUX CODIFICATION 01-90		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	454.2		424.29	21.22	
							BKDN TOTALS / TOTAUX CODIFICATION					445.51

BLE871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223
QST ID. NO / NO ID TVQ 1001439118

Element Fleet Management



BFDF290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-90-M ELLIS
- -
- -
- -
- -

CLIENT NO. [REDACTED]
NO DU CLIENT
INVOICE DATE 04/01/17
DATE DE LA FACTURE
INVOICE NO. 0006772011
NO DE LA FACTURE

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	ELLIS				000455733986 03/16/17	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	82.1	1.00	78.09	3.91 3.91	82.00 82.00
					000455014766 03/12/17	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	116.6	.91	100.95	5.05 5.05	106.00 106.00
					000454259896 03/05/17	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	115.3	.99	108.57	5.43 5.43	114.00 114.00
					000454115723 03/02/17	SHELL CANADA INC RED DEER AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	120.3	.99	113.33	5.67 5.67	119.00 119.00
					000453206409 02/21/17	SHELL CANADA INC CALGARY AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	119.2	.89	100.95	5.05 5.05	106.00 106.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	553.5		501.89	25.11	527.00
	BKDN TOTALS / TOTAUX CODIFICATION 01-90				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	553.5		501.89	25.11	
							BKDN TOTALS / TOTAUX CODIFICATION					527.00



CUSTOMER #: [REDACTED]

338215

INVOICE

NORTHSTAR GROUP

Calgary Cochrane Fort McMurray Fort McKay

#9 Crowfoot Circle N.W. · Calgary, AB T3G 3J8

Phone: (403) 239-1115 · Fax: (403) 239-1291

www.northstarfordcalgary.ca

"THE WAY THE EXPERIENCE SHOULD BE"

MIKE ELLIS

PAGE 3

BUS: CELL:

SERVICE ADVISOR: 2545 LIANE ASQUIN

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

COUNT:

CLAIM TYPE: ESP

AUTH CODE:

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE D:	0.00
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55049

CONFIRMED FRONT WIPERS STREAKING, REPLACED WIPER BLADES, CONCERN CORRECTED.

17528A 0.2

E GOLD CLEAN

GOLDS GOLD CLEAN - SPECIAL PRICING \$89.95

2514 CD

69.95

69.95

PARTS:	0.00	LABOR:	69.95	OTHER:	0.00	TOTAL LINE E:	69.95
--------	------	--------	-------	--------	------	---------------	-------

55049

GOLD CLEAN - INTERNAL PRICING (EXTERIOR WASH/SHAMMY, CLEAN WINDOWS INSIDE/OUTSIDE, VACUUM SEATS/FLOORS, WIPE DOWN INTERIOR, SPRAY VINYL MATS,

WIPER DOWN ENGINE COMPARTMENT). 1.7HRS. COMPLETED BY:

2514

F ESTIMATE LINE FOR ADDITIONAL REPAIRS/SERVICES AS DETERMINED BY THE TECHNICIAN.

ESTIMATE ESTIMATE LINE FOR ADDITIONAL REPAIRS/SERVICES AS DETERMINED BY THE TECHNICIAN.

2371 CI

0.00

0.00

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE F:	0.00
--------	------	--------	------	--------	------	---------------	------

G 5875773782

CI CUSTOMER INFORMATION. NOTES AND ESTIMATES

99 CI

0.00

0.00

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE G:	0.00
--------	------	--------	------	--------	------	---------------	------

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE

ALL ITEMS SUBJECT TO G.S.T.

DESCRIPTION

TOTALS

IMPORTANT PRIVACY INFORMATION: Personal information is collected in accordance with applicable privacy legislation and is governed by NORTHSTAR FORD SALES (CALGARY) INC. privacy policy. Your privacy is important to us. Ask us if you would like information about our Privacy Policy, including our service providers and their data processing in the U.S., which may be accessible to U.S. law enforcement and national security authorities. We provide this personal and transaction information to Ford Motor Company of Canada, Limited to enable Ford to administer your transaction, provide you with requested services, improve automotive related products and services by conducting customer surveys, and provide you with marketing material which may be of interest to you, as permitted by applicable laws. For the Ford Privacy Policy (www.ford.ca) including use of service providers and U.S. data storage of if you do not want to receive marketing or survey materials from Ford please call 1-800-565-FORD (3673)

LABOUR AMOUNT

PARTS AMOUNT

GAS, OIL, LUBE

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

LESS INSURANCE

G.S.T. / P.S.T.

SAFETY NOTIFICATION: Return to the Dealership within 100 kms of this service to have the lug nut torque rechecked on the wheels of this vehicle.

(SIGNED)

Customer

(DATE)

PLEASE PAY THIS AMOUNT

Hours of Operation: Mon - Fri 7am - 6pm & Sat 9am - 1pm

Car Dirty?

We clean 'em too!

Call for specials

CUSTOMER #: [REDACTED]

338215



NORTHSTAR GROUP

Calgary Cochrane Fort McMurray Fort McKay

#9 Crowfoot Circle N.W. • Calgary, AB T3G 3J8

Phone: (403) 239-1115 • Fax: (403) 239-1291

www.northstarfordcalgary.ca

"THE WAY THE EXPERIENCE SHOULD BE"

SERVICE ADVISOR: 2545 LIANE ASQUIN

MIKE ELLIS

INVOICE

PAGE 5

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
CAUSE:	3N134						
	ADD	ADD-ON	WARRANTY				
		2510	W4				(N/C)
	1	2L1Z*3N134*AA	SEAL				(N/C)
		STK					
	MT3N134	MT3N134	REMOVE AND REPLACE PINION SEAL				
		FRONT DIFF.					
		2510	W4				(N/C)
	FC:	K17	D8				
	PART#:	2L1Z*3N134*AA					
	COUNT:						
	CLAIM TYPE:						
	AUTH CODE:						
		2510					
PARTS:		0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE J: 0.00
	55049						

WHILE INSPECTING LEAK AT THE RF AXLE SEAL, I NOTICED THE FRONT PINION SEAL WAS LEAKING AS WELL, COMPLETED REPLACEMENT OF THE FRONT PINION SEAL AND CLEANED AFFECTED AREA, VERIFIED REPAIR THE LEAK IS NO LONGER PRESENT.
3010E 1.4H

SHOP MATERIALS 8.39

Thank you for bringing your vehicle to Northstar Ford for your service needs. We appreciate your business!

ATTENTION ANY VEHICLE THAT HAS HAD THE TIRE S REMOVED MUST HAVE ALL LUG NUTS RE-TORQUED AFTER 100 KILOMETERS OF USE

GST -----> (#: RT801162017) 3.92

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE		ALL ITEMS SUBJECT TO G.S.T.		DESCRIPTION	TOTALS
<small>IMPORTANT PRIVACY INFORMATION: Personal information is collected in accordance with applicable privacy legislation and is governed by NORTHSTAR FORD SALES (CALGARY) INC. privacy policy. Your privacy is important to us. Ask us if you would like information about our Privacy Policy, including our service providers and their data processing in the U.S., which may be accessible to U.S. law enforcement and national security authorities. We provide this personal and transaction information to Ford Motor Company of Canada, Limited to enable Ford to administer your transaction, provide you with requested services, improve automotive related products and services by conducting customer surveys, and provide you with marketing material which may be of interest to you, as permitted by applicable laws. For the Ford Privacy Policy (www.ford.ca) including use of service providers and U.S. data storage of if you do not want to receive marketing or survey materials from Ford please call 1-800-565-FORD (3673)</small>				LABOUR AMOUNT	69.95
				PARTS AMOUNT	0.00
				GAS, OIL, LUBE	0.00
				SUBLET AMOUNT	0.00
				MISC. CHARGES	8.39
				TOTAL CHARGES	78.34
				LESS INSURANCE	0.00
				G.S.T. / P.S.T.	3.92
				PLEASE PAY THIS AMOUNT	82.26
(SIGNED)	Customer	(DATE)			

Hours of Operation: Mon - Fri 7am - 6pm & Sat 9am - 1pm

Car Dirty?
We clean 'em too!
Call for specials



The American Express® Corporate Card Statement of Account

www.americanexpress.ca
Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6



Prepared For
MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB

Membership Number
XXXX-XXXX [REDACTED]
Date
January 16, 2017

Page 1 of 3

[REDACTED]

Statement includes payments and charges received by January 16, 2017

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

1074

[REDACTED]

Listing of Charges and Credits

Amount \$

New Transactions for MICHAEL G ELLIS

Amount \$

December 21	IMPARK00020077U Goods or Services	EDMONTON	12.00
Total New Transactions for MICHAEL G ELLIS			12.00

[REDACTED]

† Please detach here †

AMERICAN EXPRESS®

Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
 - Your local bank branch
 - Automatic banking machines
- Do Not Enclose Cash**

000117



MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB
9820-107 ST NW FLR4
EDMONTON AB
T5K 1E7

Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4





The American Express® Corporate Card Statement of Account

www.americanexpress.ca
Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6

Prepared For
MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB

Membership Number
XXXX-XXXX [REDACTED]
Date
February 16, 2017



Page 1 of 3

Statement includes payments and charges received by February 16, 2017

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

1050

Listing of Charges and Credits

Amount \$

New Transactions for MICHAEL G ELLIS

Amount \$

February 2	CalgParkAuth 2231999 CALGARY GOVERNMENT SERVICES	6.25
February 3	CalgParkAuth 2233011 CALGARY GOVERNMENT SERVICES	5.00
February 9	CalgParkAuth 2237396 CALGARY GOVERNMENT SERVICES	7.00
Total New Transactions for MICHAEL G ELLIS		18.25

↑ Please detach here ↑

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Payment Options

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash

000118



MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB
9820-107 ST NW FLR4
EDMONTON AB
T5K 1E7

Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4





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Amex Bank of Canada
Corporate Service Centre
PO Box 7000 Station B
Willowdale (Ontario) M2K 2R6



Prepared For
MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB

Membership Number
XXXX-XXXX [REDACTED]

Date
March 18, 2017

Page 1 of 2

Statement includes payments and charges received by March 18, 2017

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

0988

Listing of Charges and Credits

Amount \$

New Transactions for MICHAEL G ELLIS

Amount \$

March 7	IMPARK00020001U Goods or Services	EDMONTON	14.00
March 9	ADV PARKING00600001U Goods or Services	EDMONTON	5.00
Total New Transactions for MICHAEL G ELLIS			19.00

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Payment Options

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TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND
SENT TO US. See the About Your Payment Section.

- Phone and Internet banking arranged through your financial institution
- Your local bank branch
- Automatic banking machines

Do Not Enclose Cash



MICHAEL G ELLIS
LEGIS ASSEMBLY OF AB
9820-107 ST NW FLR4
EDMONTON AB
T5K 1E7

000120

↑ Please detach here ↑

Amex Bank of Canada/
Banque Amex du Canada
PO BOX 2000
West Hill ON M1E 5H4





Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

Member Name: Ellis, Mike

Constituency: Calgary-West

For the Month of: December

Year: 2016

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
8	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$277.00	\$13.85	\$290.85

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Date

2016/01/16



Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

Member Name: Ellis, Mike

Constituency: Calgary-West

For the Month of: January

Year: 2017

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	60 km from Perm. Res.	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
16	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
17	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$98.90	\$4.95	\$103.85

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Date

Feb. 10/17



Members' Travel Expenses Per-Diems Claim Form

Note to MLAs: Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

Member Name: Ellis, Mike

Constituency: Calgary-West

For the Month of: February

Year: 2017

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	60 km from Perm. Res.	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$79.14	\$3.96	\$83.10

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

Member Signature

Date

2017/03/07



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Mike Ellis Constituency: Calgary West
Employee #: [REDACTED] Date: 2016/04/19
Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: _____

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1930⁰⁰

x 12 = \$ 23160⁰⁰

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

JANUARY 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

[Signature]
Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Mike Ellis Constituency: Calgary West
Employee #: [REDACTED] Date: 2016/04/19
Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: _____

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1930⁰⁰

x 12 = \$ 23160⁰⁰

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

February 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

[Signature]
Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Mike Ellis Constituency: Calgary West
Employee #: [REDACTED] Date: 2016/04/19
Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually
Maximum of \$23,160 per fiscal year.

Fiscal Year: _____

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1930⁰⁰

x 12 = \$ 0.00 \$23,160⁰⁰

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

March 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

[Signature]
Member Signature

Updated April 2016



GRAND & TOY ® MD

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une société d'**Office DEPOT**®, Inc

COST CENTRE BILLING REPORT

REQUISITION REPORT

SOLD TO ACCOUNT NO. [REDACTED]

AB LEGISLATIVE ASSEMBLY (ML
FINANCIAL MGMT & ADMIN SERV
9820 107 ST NW
4TH FLR
EDMONTON, AB T5K 1E7

G.S.T.

R894032192

Q.S.T.

1001640701TQ0009

PERIOD ENDING

12/31/2016

ACCT MGR NO. [REDACTED]

INVOICE NO.

K452132

SHIP TO ACCOUNT NO. [REDACTED]

COST CENTRE [REDACTED]

ALTA LEGISLATIVE ASSEMBLY
CALGARY WEST
333 ASPEN GLEN LANDING SW
UNIT 234
CALGARY, AB T3H 0N6

QTY ORD	QTY SHIP	QTY B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT	TX
REQ NO.	G295646	DATE	12/06/2016	ATTENTION	Calgary West	P.O.#	202927	G&T ORDER NO	585725-00	

2	2	0	BX	74-01119	TM K CUP MLD RST MORNING BL 24	12.59	CONTRACT	12.59	25.18	
---	---	---	----	----------	--------------------------------	-------	----------	-------	-------	--

Approved By: Mary Trush
>Due to product integrity, Gra
will not accept returns on foo
For item 74-01119
>This extended delivery produc
3-5 days.
For item 74-01119

COST CENTRE DEPT.

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Mike Ellis

Claimant Name: Natalie

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Staff Lunch

Purpose:

Staff lunch

Diner Deluxe Aspen

104 - 350 Aspen Glen Landing

Calgary, Alberta

Tel: (403) 457-3000

Check #: 108624

Server: Holly Date: 02/21/2017

Table: 231 Time: 12:11

Client: 1

1 Fish & Chips 19.00

SUB-TOTAL: 19.00

G.S.T.: 0.95

TOTAL: 19.95

Thank You For Dining With Us.
When we are busy please be
respectful of parties that could
be waiting.

GST#871615316RT0001

DINER DELUXE -ASPEN LAND
350 ASPEN GLENLANDING SW
UNIT 104
CALGARY, AB T3H0N5
4034673000

**SALE
DUPLICATE**

Server #: 000325

MID: 5809376

TID: 003

REF#: 00000018

Batch #: 566

02/21/17

12:14:04

APPR CODE: [REDACTED]

VISA

***** [REDACTED] ****

AMOUNT	\$19.95
TIP	\$2.99
TOTAL	\$22.94

APPROVED

VISA

AID: A0000000031010

TVR: 00 00 00 80 00

TSE: F8 00

THANK YOU
PLEASE COME AGAIN

DUPLICATE COPY

Personal Expense Claim Receipt Description

Member Name: Mike Ellis

Claimant Name: Mike Ellis

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: _____

Purpose:

Water for office



better water. pure and simple.™

H.S.T. # 813808607 RT 0001

INVOICE

Remit Payment to:

Culligan Water Treatment
1110 58th Ave., SE
Calgary AB T2H 2C9
(403) 243-5141
CalgCustServ@culliganwater.ca

Invoice #: 70367TG
Invoice Date: 02/27/2017
Shipped: 02/27/2017
PO No:
Customer No: [REDACTED]
Due Date: 03/29/2017

Balance: \$18.50 CAD

Billing Address:

Mla Constituency Office Calgary West
333 Aspen Glen Landing Sw
SUITE 234
Calgary AB T3H 0N6

Location Address:

Mla Constituency Office Calgary West
333 Aspen Glen Landing Sw
SUITE 234
Calgary AB T3H 0N6

Comments:

R-1381046



Service Date	Description	Comments	Reference	Qty.	Price	Amount
02/27/2017	18L RO Water Delivered			2	8.00	16.00
02/27/2017	Bottle Deposit	Dp: 2 Rt:2		0	0.00	0.00
02/27/2017	Delivery Fee			1	2.50	2.50

Please include Customer No. and Invoice No. with your payment.

Page 1 of 1

Sub-Total: \$18.50 CAD
Tax: \$0.00 CAD
Total: \$18.50 CAD

Customer No: [REDACTED]
Invoice No: 70367TG